

# INFORMED CONSENT TO PARTICIPATE IN RESEARCH

I, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Name) (ODOC Number) (Date Form Signed)

do hereby consent to participate in research by:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Name or title and address of person  
conducting the research)

Expiration date (if applicable) \_\_\_\_\_

AUTHORIZATION: I certify that the nature of this research project has been fully explained to me, that I fully understand the details of my participation, and that this consent has been made freely, voluntarily, and without coercion, after a fair and understandable explanation of the nature of the research activity, the purpose, and the procedures to be followed.

\_\_\_\_\_  
(Inmate/Offender Signature)

\_\_\_\_\_  
(Witness)